

**Mobility Fund**  
**Phase 1 - §54.1009 Annual Reporting**  
**Data Collection Form**

FCC Form  
 Approved by OMB  
 OMB 3060-1185  
 Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code	558003
<015> Study Area Name	Commnet of Nevada, LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Rohan Ranaraja
<035> Contact Telephone Number: Number of the person identified in data line <030>	5014481249 ext.
<039> Contact Email: Email of the person identified in data line <030>	rranaraja@atni.com

(check box when complete)

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<050> **Carrier Contact Information** (complete attached worksheet)

<050> ☒

<060> **Coverage and Performance Report** (complete attached worksheet)

<060> ☒

<070> **Urban Rate Comparability Certification** (complete attached certification)

<070> ☒

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)

(If yes, complete the attached worksheet)

<080> ☐ ☒

<090> **Project Update Information** (complete attached worksheet)

<090> ☒

<100> **Certifications**

<101> Reporting Carrier Certification (complete attached certification)

<101> ☒

<102> Agent Certification (complete attached certification)

<102> ☐

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**(050) Carrier Contact Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	0018122879
<111>	Filing Carrier Name	Commnet of Nevada, LLC
<112>	Winning Bidder Carrier Name	Commnet of Nevada, LLC
<113>	Street Address (or PO Box)	1001 Technology Drive, Suite 202
<114>	City	Little Rock
<115>	State	AR
<116>	Zip-Code	72223
<117>	Telephone Number	5014481249 ext.
<118>	Fax Number	5014481151
<119>	Email Address	rranaraja@atni.com

**Contact Information**

If same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Rohan Ranaraja
<121>	Filing Carrier Name	Commnet of Nevada, LLC
<122>	Street Address (or PO Box)	1001 Technology Drive, Suite 202
<123>	City	Little Rock
<124>	State	AR
<125>	Zip-Code	72223
<126>	Telephone Number	5014481249 ext.
<127>	Fax Number	5014481151
<128>	Email Address	rranaraja@atni.com

**Authorized Agent Information**

If no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	





(070) Urban Rate Comparability Certification Compliance

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Commnet of Nevada, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2015
Printed name of Authorized Officer:	Rohan Ranaraja
Title or position of Authorized Officer:	Director Regulatory
Telephone number of Authorized Officer:	5014481249 ext.
Study Area Code of Reporting Carrier:	558003 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(080) Tribal Lands Reporting

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com

<142> State \_\_\_\_\_

<143> County \_\_\_\_\_

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

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<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/16/2013
<202>	Total Mobility Fund Support Awarded	4883697
<203>	Total Mobility Fund Support Disbursed	1627899

<210> Actual Completion Date

<211> Project Status Description (attached)

Project Update 558003.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

☒ ☐



**(101) Certification - Reporting Carrier**

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Commnet of Nevada, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/29/2015</span>
Printed name of Authorized Officer:	Rohan Ranaraja
Title or position of Authorized Officer:	Director Regulatory
Telephone number of Authorized Officer:	5014481249 ext.
Study Area Code of Reporting Carrier:	558003 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
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(102) Certification - Agent / Carrier

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
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**Confidential Attachments**  
**Withheld From Public Inspection**